

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20927

FILED
Mar 09, 2009
Secretary of State

Entity Name: NORTHTREE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

22151 SHOREWIND DR
BOCA RATON, FL 33428 US

New Principal Place of Business:

Current Mailing Address:

22151 SHOREWIND DR
BOCA RATON, FL 33428 US

New Mailing Address:

FEI Number: 65-0019235

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROYLE, PHILIP J ESQ
370 W CAMINO GARDENS BLVD SUITE 300
BOCA RATON, FL 334325817 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CARMELLA, LEONARD
Address: 7729 GROVEWOOD DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: PD () Delete
Name: SMITH, PAUL
Address: 7740 STONE HARBOR DRIVE #1
City-St-Zip: LAKE WORTH, FL 33467

Title: VPT () Delete
Name: PINON, WAYNE
Address: 7186 LAKE ISLAND DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: D () Delete
Name: HOUNTERBRINK, BOB
Address: 6641 LAKE ISLAND DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: S () Delete
Name: MYHRE, MARK
Address: 6617 MARISSA CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL VALYO

PM

03/09/2009

Electronic Signature of Signing Officer or Director

Date